

**EMERGENCY MEDICAL SERVICES AUTHORITY**

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May 9, 2019

Ms. Nancy Lapolla, EMS Administrator  
San Mateo County EMS Agency  
801 Gateway Boulevard, 2<sup>nd</sup> Floor  
South San Francisco, CA 94080

Dear Ms. Lapolla:

This letter is in response to San Mateo County's 2018 EMS Plan Update submission to the EMS Authority on February 28, 2019.

**I. Introduction and Summary:**

The EMS Authority has concluded its review of San Mateo County's 2018 EMS Plan Update and is approving the plan as submitted.

**II. History and Background:**

San Mateo County received its last full plan approval for its 2017 plan submission, and its last annual plan update for its 2012 plan submission.

Historically, we have received EMS Plan submissions from San Mateo County for the following years:

- 1994
- 2003
- 2006
- 2008
- 2010
- 2012
- 2017

Health and Safety Code (HSC) § 1797.254 states:

*"Local EMS agencies shall **annually** (emphasis added) submit an emergency medical services plan for the EMS area to the authority, according to EMS Systems, Standards, and Guidelines established by the authority".*

The EMS Authority is responsible for the review of EMS Plans and for making a determination on the approval or disapproval of the plan, based on compliance with statute and the standards and guidelines established by the EMS Authority consistent with HSC § 1797.105(b).

### **III. Analysis of EMS System Components:**

Following are comments related to San Mateo County's 2019 EMS Plan Update. Areas that indicate the plan submitted is concordant and consistent with applicable guidelines or regulations, HSC § 1797.254, and the EMS system components identified in HSC § 1797.103, are indicated below:

- |  | Not                      |   |
|--|--------------------------|---|
| Approved                               | Approved                 |   |
| A. <input checked="" type="checkbox"/> | <input type="checkbox"/> | <u>System Organization and Management</u> |
| B. <input checked="" type="checkbox"/> | <input type="checkbox"/> | <u>Staffing/Training</u>                  |
| C. <input checked="" type="checkbox"/> | <input type="checkbox"/> | <u>Communications</u>                     |
| D. <input checked="" type="checkbox"/> | <input type="checkbox"/> | <u>Response/Transportation</u>            |

#### 1. Ambulance Zones

- Based on the documentation provided, please find enclosed the EMS Authority's determination of the exclusivity of San Mateo County's ambulance zones.

- |  |                          |  |
|--|--------------------------|--|
| E. <input checked="" type="checkbox"/> | <input type="checkbox"/> | <u>Facilities/Critical Care</u>          |
| F. <input checked="" type="checkbox"/> | <input type="checkbox"/> | <u>Data Collection/System Evaluation</u> |
| G. <input checked="" type="checkbox"/> | <input type="checkbox"/> | <u>Public Information and Education</u>  |
| H. <input checked="" type="checkbox"/> | <input type="checkbox"/> | <u>Disaster Medical Response</u>         |

### **IV. Conclusion:**

Based on the information identified, San Mateo County's 2018 EMS Plan Update is approved.

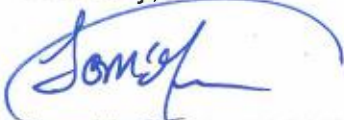
Pursuant to HSC § 1797.105(b):

*"After the applicable guidelines or regulations are established by the Authority, a local EMS agency may implement a local plan...unless the Authority determines that the plan does not effectively meet the needs of the persons served and is not consistent with the coordinating activities in the geographical area served, or that the plan is not concordant and consistent with applicable guidelines or regulations, or both the guidelines and regulations established by the Authority."*

**V. Next Steps:**

San Mateo County's next annual EMS Plan Update will be due on or before May 31, 2019. If you have any questions regarding the plan review, please contact Ms. Lisa Galindo, EMS Plans Coordinator, at (916) 431-3688.

Sincerely,



Tom McGinnis, EMT-P  
Chief, EMS Systems Division

Enclosure

Approved

		Non-Exclusive
X	X	Exclusive
	Competitive	Method to Achieve Exclusivity
X	X	Emergency Ambulance
		ALS
		LALS
		All Emergency Ambulance Services
X	X	9-1-1 Emergency Response
X	X	7-digit Emergency Response
X	X	ALS Ambulance
		All ALS Ambulance Services (includes emergency and IFT)
		All CCT/ALS Ambulance Services
		BLS IFT
		BLS Non-Emergency
		Standby Service with Transport Authorization

2018

# EMS SYSTEM PLAN UPDATE



**COUNTY** OF **SAN MATEO**

San Mateo County EMS Agency

801 Gateway Boulevard, Second Floor  
South San Francisco, California 94080

*Submitted February 2019*





**COUNTY OF SAN MATEO**  
**EMERGENCY**  
**MEDICAL SERVICES**

## **San Mateo County 2018 EMS Plan Executive Summary**

The San Mateo County EMS system remained stable and continues to make progress toward achieving several of our systems' long-term goals. The EMS Agency continues to experience successful collaborations with key system partners including our ALS Fire First Responder Agencies, contracted ALS ambulance provider, American Medical Response (AMR), and our receiving and specialty care centers, several of which are located within other EMS agency jurisdictions.

### **Accomplishments Since Our Last Report**

- Completed a system stakeholder review and evaluation of the current EMS system and pre-hospital care delivery model in preparation of an 9-1-1 ambulance Request for Proposals (RFP).
- Completed 9-1-1 ambulance RFP process after receiving EMSA approval.
- Anticipate bringing new 9-1-1 ambulance agreement to Board of Supervisors for approval in April 2019.
- EMS developed an annual report which is available on our website and has been shared with all system stakeholders.
- EMS Agency continues management of the Health System Emergency Preparedness Program merging the HPP and PHEP programs under the EMS Division in San Mateo County.
- Using video laryngoscopy to facilitate. Success rates monitored with weekly system-wide review of all cardiac arrest focused on video laryngoscopy utilization and High-Performance CPR.
- San Mateo County STEMI System is exploring the use of American Heart Association Get-with-the-Guidelines STEMI data collection program through a three-month trial period with the intent to transition to this data collection system.
- Partnered with AHA and the San Mateo County designated STEMI centers to host a Bay Area Cardiovascular Conference in March of 2019.
- Further refined our tiered stroke system based on time last known well.
- Partnered with the AHA and San Mateo designated stroke centers to provide an all-day stroke conference for 175 health care practitioners.
- Designated Mills Peninsula Medical Center as a Thrombectomy Capable Center following stroke regulations and the Joint Commission guidelines. A site visit was conducted by and independent neurovascular clinician and San Mateo County clinical staff to verify capabilities.
- Completed a prehospital research study with Stanford University involving paramedics with specialized training conducting a mNIHSS enroute to the



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receiving stroke facility using an iPad and then having their results validated and communicated back to the prehospital agency, by a stroke neurologist.

- Implemented American Heart Association Get-with-the Guideline Stroke data software system and utilizing data for quality indicators report with from designated stroke centers in San Mateo County.
- Worked with Mills Peninsula Medical Center and AMR to implement a Mobile Stroke Unit (MSU). Participating in national research trial on the efficacy of a MSU being integrated as part of the EMS system' for stroke care.
- Full implementation of First Pass to establish clinical quality improvement oversight has been on hold while we update treatment protocols.
- Worked with AMR to update MEDS ePCR system for San Mateo and for all MEDS users in California making EMSA primary impression list a mandatory requirement.
- System redesign of patient protocols aligning with the EMSA primary impression list.
- Completed APOT data collection validation and submitted data to EMSA.
- Participated in National Cardiac Arrest to Enhance Survival (CARES) registry system.
- Continue to utilize a high-performance cardiopulmonary resuscitation (CPR) response protocol with the goal of continued improvement in overall survival of cardiac arrest.
- Supported San Mateo County Health in further development of Continuity of Operations Plans.
- Expanded the San Mateo Healthcare Coalition to include more than 50 members.
- Continue to expand healthcare participation using ReddiNet® as our emergency communication system and expanded the system to all skilled nursing facilities within San Mateo County.
- Provided mutual aid resources, including RDMHC services, to the Northern California wildfires.
- Continue to participate in county-wide system implementation of a new computer-aided dispatch system.
- Hired Associate EMS Agency Director to ensure a smooth transition of leadership when current EMS Agency Director retires in Fall of 2019.
- Hired EMS Operations Manager with immediate priorities to support implementation of new Computer Assisted Dispatch system and implementation of full spectrum of FirstWatch/FirstPass data reporting suite.
- Received a supplemental grant from CDPH-EPO to update a Multi-Agency-Coordination (MAC) group guideline document for Region 2 as part of the



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- collaborative efforts of the Association of Bay Area Health Officers (ABAHO).
- Ongoing efforts to collaborate with Bay Area Air Quality Management District to align smoke messaging as part of ABAHO.
  - Participate in bi-monthly county-wide death review committee with the goal of identifying preventable deaths. The review committee led by the County Health Leadership team has representatives of San Mateo Older Adults Program, Public Health, Family Health, Behavioral Health and Recovery Services, Correctional Health and EMS.
  - Public Health Nurse continues to lead the San Mateo County Fall Prevention Coalition.
  - Implement LEAN performance improvement process for internal and external problem solving.
  - Created a redundant communication system on the Everbridge platform.
  - Provided preparedness education for vulnerable populations.
  - Provided Cybersecurity training to Healthcare Coalition.
  - Worked with BAMPWG to develop Baymeds app for medical counter measures.
  - Provided training to the Healthcare Coalition members on EOM, MCM, MCIs, MHOAC guides.
  - Conducted 3 full scale exercises with partners like Healthcare Coalition, FBI, National Guard, AMR, CERT, Fire, Law, OES, San Francisco International Airport, Corner's Office, and Red Cross.
  - Received promising practices award from CDPH EPO for expanding the Healthcare Coalition.
  - Ensured Flu season outreach and Preparedness.
  - Worked with UASI regional group to create Sheltering Toolkit.
  - Activated San Mateo County Health Policy Group for three (3) exercises.
  - Created the Healthcare Coalition Communication Plan.





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**TABLE 1: MINIMUM STANDARDS/RECOMMENDED GUIDELINES**

**A. SYSTEM ORGANIZATION AND MANAGEMENT**

	Does not currently meet standard	Meets minimum standard	Meets recommended guidelines	Short-range plan	Long-range plan
<b>Agency Administration:</b>					
1.01 LEMSA Structure		X			
1.02 LEMSA Mission		X			
1.03 Public Input		X			
1.04 Medical Director		X	X		
<b>Planning Activities:</b>					
1.05 System Plan		X			
1.06 Annual Plan Update		X			
1.07 Trauma Planning*		X	X		
1.08 ALS Planning*		X			
1.09 Inventory of Resources		X			
1.10 Special Populations		X	X		
1.11 System Participants		X			
<b>Regulatory Activities:</b>					
1.12 Review & Monitoring		X			
1.13 Coordination		X			
1.14 Policy & Procedures Manual		X			
1.15 Compliance w/Policies		X			
<b>System Finances:</b>					
1.16 Funding Mechanism		X			
<b>Medical Direction:</b>					
1.17 Medical Direction*		X			
1.18 QA/QI		X	X		



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**TABLE 1: MINIMUM STANDARDS/RECOMMENDED GUIDELINES**

1.19	Policies, Procedures, Protocols		X	X		
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**TABLE 1: MINIMUM STANDARDS/RECOMMENDED GUIDELINES**

**A. SYSTEM ORGANIZATION AND MANAGEMENT (continued)**

	Does not currently meet standard	Meets minimum standard	Meets recommended guidelines	Short-range plan	Long-range plan
1.20 DNR Policy		X			
1.21 Determination of Death		X			
1.22 Reporting of Abuse		X			
1.23 Interfacility Transfer		X			
<b>Enhanced Level: Advanced Life Support</b>					
1.24 ALS Systems		X	X		
1.25 On-Line Medical Direction		X	X		
<b>Enhanced Level: Trauma Care System:</b>					
1.26 Trauma System Plan		X			
<b>Enhanced Level: Pediatric Emergency Medical and Critical Care System:</b>					
1.27 Pediatric System Plan		X			
<b>Enhanced Level: Exclusive Operating Areas:</b>					
1.28 EOA Plan		X			X



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**TABLE 1: MINIMUM STANDARDS/RECOMMENDED GUIDELINES**

**B. STAFFING/TRAINING**

	Does not currently meet standard	Meets minimum standard	Meets recommended guidelines	Short-range plan	Long-range plan
<b>Local EMS Agency:</b>					
2.01 Assessment of Needs		X			
2.02 Approval of Training		X			
2.03 Personnel		X			
<b>Dispatchers:</b>					
2.04 Dispatch Training		X	X		
<b>First Responders (non-transporting):</b>					
2.05 First Responder Training		X	X		
2.06 Response		X			
2.07 Medical Control		X			
<b>Transporting Personnel:</b>					
2.08 EMT-I Training		X	X		
<b>Hospital:</b>					
2.09 CPR Training		X			
2.10 Advanced Life Support		X			
<b>Enhanced Level: Advanced Life Support:</b>					
2.11 Accreditation Process		X			
2.12 Early Defibrillation		X			
2.13 Base Hospital Personnel		X			





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**TABLE 1: MINIMUM STANDARDS/RECOMMENDED GUIDELINES**

**C. COMMUNICATIONS**

		Does not currently meet standard	Meets minimum standard	Meets recommended guidelines	Short- range plan	Long- range plan
<b>Communications Equipment:</b>						
3.01	Communication Plan*		X	X		
3.02	Radios		X	X		
3.03	Interfacility Transfer*		X			
3.04	Dispatch Center		X			
3.05	Hospitals		X	X		
3.06	MCI/Disasters		X			
<b>Public Access:</b>						
3.07	9-1-1 Planning/ Coordination		X	X		
3.08	9-1-1 Public Education		X			
<b>Resource Management:</b>						
3.09	Dispatch Triage		X	X		
3.10	Integrated Dispatch		X	X		



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**TABLE 1: MINIMUM STANDARDS/RECOMMENDED GUIDELINES**

**D. RESPONSE/TRANSPORTATION**

	Does not currently meet standard	Meets minimum standard	Meets recommended guidelines	Short-range plan	Long-range plan
<b>Universal Level:</b>					
4.01 Service Area Boundaries*		X	X		
4.02 Monitoring		X	X		
4.03 Classifying Medical Requests		X			
4.04 Prescheduled Responses		X			
4.05 Response Time*		X			
4.06 Staffing		X			
4.07 First Responder Agencies		X			
4.08 Medical & Rescue Aircraft*		X			
4.09 Air Dispatch Center		X			
4.10 Aircraft Availability*		X			
4.11 Specialty Vehicles*		X	X		
4.12 Disaster Response		X			
4.13 Intercounty Response*		X			
4.14 Incident Command System		X			
4.15 MCI Plans		X			
<b>Enhanced Level: Advanced Life Support:</b>					
4.16 ALS Staffing		X	X		
4.17 ALS Equipment		X			
<b>Enhanced Level: Ambulance Regulation:</b>					
4.18 Compliance		X			
<b>Enhanced Level: Exclusive Operating Permits:</b>					
4.19 Transportation Plan		X			



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**TABLE 1: MINIMUM STANDARDS/RECOMMENDED GUIDELINES**

4.20	"Grandfathering"		X			
4.21	Compliance		X			
4.22	Evaluation		X			



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**TABLE 1: MINIMUM STANDARDS/RECOMMENDED GUIDELINES**

**E. FACILITIES/CRITICAL CARE**

	Does not currently meet standard	Meets minimum standard	Meets recommended guidelines	Short-range plan	Long-range plan
<b>Universal Level:</b>					
5.01 Assessment of Capabilities		X	X		X
5.02 Triage & Transfer Protocols*		X			
5.03 Transfer Guidelines*		X			
5.04 Specialty Care Facilities*		X			
5.05 Mass Casualty Management		X	X		
5.06 Hospital Evacuation*		X			X
<b>Enhanced Level: Advanced Life Support:</b>					
5.07 Base Hospital Designation*		X			
<b>Enhanced Level: Trauma Care System:</b>					
5.08 Trauma System Design		X			
5.09 Public Input		X			
<b>Enhanced Level: Pediatric Emergency Medical and Critical Care System:</b>					
5.10 Pediatric System Design		X			
5.11 Emergency Departments		X	X		
5.12 Public Input		X			
<b>Enhanced Level: Other Specialty Care Systems:</b>					
5.13 Specialty System Design		X			
5.14 Public Input		X			





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**TABLE 1: MINIMUM STANDARDS/RECOMMENDED GUIDELINES**

**F. DATA COLLECTION/SYSTEM EVALUATION**

	Does not currently meet standard	Meets minimum standard	Meets recommended guidelines	Short-range plan	Long-range plan
<b>Universal Level:</b>					
6.01 QA/QI Program		X	X		
6.02 Prehospital Records		X			
6.03 Prehospital Care Audits		X			
6.04 Medical Dispatch		X			
6.05 Data Management System*		X			
6.06 System Design Evaluation		X			
6.07 Provider Participation		X			
6.08 Reporting		X			
<b>Enhanced Level: Advanced Life Support:</b>					
6.09 ALS Audit		X	X		
<b>Enhanced Level: Trauma Care System:</b>					
6.10 Trauma System Evaluation		X			
6.11 Trauma Center Data		X	X		



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**TABLE 1: MINIMUM STANDARDS/RECOMMENDED GUIDELINES**

**G. PUBLIC INFORMATION AND EDUCATION**

		Does not currently meet standard	Meets minimum standard	Meets recommended guidelines	Short-range plan	Long-range plan
<b>Universal Level:</b>						
7.01	Public Information Materials		X	X		
7.02	Injury Control		X	X		
7.03	Disaster Preparedness		X	X		
7.04	First Aid & CPR Training		X	X		



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**TABLE 1: MINIMUM STANDARDS/RECOMMENDED GUIDELINES**

**H. DISASTER MEDICAL RESPONSE**

	Does not currently meet standard	Meets minimum standard	Meets recommended guidelines	Short- range plan	Long-range plan
<b>Universal Level:</b>					
8.01 Disaster Medical Planning*		X			
8.02 Response Plans		X	X		
8.03 HazMat Training		X			
8.04 Incident Command System		X	X		
8.05 Distribution of Casualties*		X			
8.06 Needs Assessment		X	X		
8.07 Disaster Communications*		X			
8.08 Inventory of Resources		X	X		
8.09 DMAT Teams		X	X		
8.10 Mutual Aid Agreements*		X			
8.11 CCP Designation*		X			
8.12 Establishment of CCPs		X			
8.13 Disaster Medical Training		X	X		
8.14 Hospital Plans		X	X		
8.15 Interhospital Communications		X			
8.16 Prehospital Agency Plans		X	X		
<b>Enhanced Level: Advanced Life Support:</b>					
8.17 ALS Policies		X			
<b>Enhanced Level: Specialty Care Systems:</b>					
8.18 Specialty Center Roles		X			
<b>Enhanced Level: Exclusive Operating Areas/Ambulance Regulations:</b>					
8.19 Waiving Exclusivity		X			



## FY: 2018

San Mateo County EMS Plan Update – 2018





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**TABLE 2: SYSTEM ORGANIZATION AND MANAGEMENT**

Reporting Year: 2018

**NOTE:** Number (1) below is to be completed for each county. The balance of Table 2 refers to each agency.

1. Percentage of population served by each level of care by county:  
(Identify for the maximum level of service offered; the total of a, b, and c should equal 100%.)

County: San Mateo County

A. Basic Life Support (BLS)	0%
B. Limited Advanced Life Support (LALS)	0%
C. Advanced Life Support (ALS)	100%

2. Type of agency:

- ☐ Public Health Department
- ☒ County Health Services Agency
- ☐ Other (non-health) County Department
- ☐ Joint Powers Agency
- ☐ Private Non-Profit Entity
- ☐ Other: \_\_\_\_\_

3. The person responsible for day-to-day activities of the EMS agency reports to:

- ☐ Public Health Officer
- ☒ Health Services Agency Director/Administrator
- ☐ Board of Directors
- ☐ Other: \_\_\_\_\_

4. Indicate the non-required functions which are performed by the agency:

- ☒ Implementation of exclusive operating areas (ambulance franchising)
- ☒ Designation of trauma centers/trauma care system planning
- ☒ Designation/approval of pediatric facilities
- ☒ Designation of other critical care centers
- ☐ Development of transfer agreements
- ☐ Enforcement of local ambulance ordinance
- ☒ Enforcement of ambulance service contracts
- ☐ Operation of ambulance service
- ☒ Continuing education
- ☒ Personnel training
- ☒ Operation of oversight of EMS dispatch center



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- ☒ Non-medical disaster planning
- ☐ Administration of critical incident stress debriefing team (CISD)
- ☐ Administration of disaster medical assistance team (DMAT)
- ☒ Administration of EMS Fund [Senate Bill (SB) 12/612]
- ☐ Other: \_\_\_\_\_
- ☐ Other: \_\_\_\_\_
- ☐ Other: \_\_\_\_\_

**5. EXPENSES**

Salaries and benefits (All but contract personnel)	\$ <u>1,101,727</u>
Contract Services (e.g. medical director)	\$ <u>4,722,776</u>
Operations (e.g. copying, postage, facilities)	\$ <u>190,797</u>
Travel	\$ <u>3,046</u>
Fixed assets	\$ <u>0</u>
Indirect expenses (overhead)	\$ <u>193,987</u>
Ambulance subsidy	\$ <u>0</u>
EMS Fund payments to physicians/hospital	\$ <u>1,354,145</u>
Dispatch center operations (non-staff)	<u>0</u>
Training program operations	<u>0</u>
Other: <u>Measure K</u>	\$ <u>35,205</u>
Other: <u>Fees to EMSA (EMT and paramedic)</u>	\$ <u>14,128</u>
<b>TOTAL EXPENSES</b>	<b>\$ <u>7,615,709</u></b>

**6. SOURCES OF REVENUE**

Special project grant(s) [from EMSA]	\$ <u>0</u>
Preventive Health and Health Services (PHHS) Block Grant	\$ <u>0</u>
Office of Traffic Safety (OTS)	\$ <u>0</u>
State general fund (Maddy, Richie)	\$ <u>1,354,145</u>
County general fund	\$ <u>0</u>
Other local tax funds (e.g., EMS district)	\$ <u>41,416</u>
County contracts (e.g. multi-county agencies)	\$ <u>410,699</u>
Certification fees	\$ <u>33,404</u>



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Training program approval fees	\$ 0
Training program tuition/Average daily attendance funds (ADA)	\$ 0
Job Training Partnership ACT (JTPA) funds/other payments	\$ 0
Base hospital application fees	\$ 0
Trauma center application fees	\$ 0
Trauma center designation fees	\$ 0
Pediatric facility approval fees	\$ 0
Pediatric facility designation fees	\$ 0
Other critical care center application fees	\$ 0
STEMI facility designation fees	\$ <u>125,000</u>
Thrombectomy Capable Stroke Center application fee	\$ <u>7,000</u>
Ambulance service/vehicle fees	\$ 0
Contributions	\$ 0
EMS Fund (SB 12/612)	\$ <u>519,340</u>
Other fees: <u>EMS admin fee for Maddy &amp; Richie funds</u>	\$ <u>415,606</u>
Other fees: AMR pass-through to JPA	\$ <u>4,574,971</u>
Other fees: Medi-Cal admin activities (MAA)	\$ <u>120,000</u>
Other fees: EMSA portion of certification fees	\$ <u>14,128</u>
<b>TOTAL REVENUE</b>	<b>\$ <u>7,615,709</u></b>

*TOTAL REVENUE SHOULD EQUAL TOTAL EXPENSES.  
IF THEY DON'T, PLEASE EXPLAIN.*



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7. **Fee structure**

- ☐ We do not charge any fees  
☒ Our fee structure is:

First responder certification	\$ <u>N/A</u>
EMS dispatcher certification	\$ <u>N/A</u>
EMT-I certification	\$ <u>125</u>
EMT-I recertification	\$ <u>87</u>
EMT-defibrillation certification	\$ <u>N/A</u>
EMT-defibrillation recertification	\$ <u>N/A</u>
AEMT certification	\$ <u>N/A</u>
AEMT recertification	\$ <u>N/A</u>
EMT-P accreditation	\$ <u>50</u>
Mobile Intensive Care Nurse/Authorized Registered Nurse certification	\$ <u>N/A</u>
MICN/ARN recertification	\$ <u>N/A</u>
EMT-I training program approval	\$ <u>N/A</u>
AEMT training program approval	\$ <u>N/A</u>
EMT-P training program approval	\$ <u>N/A</u>
MICN/ARN training program approval	\$ <u>N/A</u>
Base hospital application	\$ <u>N/A</u>
Base hospital designation	\$ <u>N/A</u>
Trauma center application	\$ <u>N/A</u>
Trauma center designation	\$ <u>N/A</u>
Pediatric facility approval	\$ <u>N/A</u>
Pediatric facility designation	\$ <u>N/A</u>
Other critical care center application	
Type: <u>STEMI</u>	\$ <u>N/A</u>
Type: <u>Thrombectomy Capable Stroke Center</u>	\$ <u>7,000</u>
Other critical care center designation	
Type: <u>STEMI</u>	\$ <u>25,000</u>
Type: <u>Primary Stroke Center</u>	\$ <u>N/A</u>
Type: <u>Thrombectomy Capable Stroke Center</u>	\$ <u>N/A</u>
Type: <u>Comprehensive Stroke Center</u>	\$ <u>N/A</u>





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Ambulance service licence	\$ <u>N/A</u>
Ambulance vehicle permits	\$ <u>N/A</u>
Other:	\$ <u>N/A</u>
Other:	\$ <u>N/A</u>
Other:	\$ <u>N/A</u>



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**TABLE 2: SYSTEM ORGANIZATION AND MANAGEMENT (cont.)**

Category	Actual Title	FTE Positions (EMS only)	Top Salary by hourly equivalent	Benefits (% of salary)	Comments
EMS Admin./Coord./Director	EMS Director	1.0	\$87.63	40%	
Asst. Admin. or Admin. Asst. or Admin. Mgr.	Clinical Services Manager II	1.0	\$83.46	40%	
ALS Coord./Field Coord./Trng Coordinator	Public Health Nurse (PHN)	1.0	\$55.86	40%	
Program Coordinator/Field Liaison (Non-clinical)	Management Analyst	1.0	\$53.78	40%	
Trauma Coordinator	<i>See PHN above</i>				
Medical Director	EMS Medical Director	0.33	\$200.00	0%	Contract with Stanford Hospital; MD is not a EMS Agency employee
Other MD/Medical Consult/Training Medical Director					
Disaster Medical Planner	Health Emergency Preparedness Program Manager	1.0	\$62.67	40%	
Dispatch Supervisor					
Medical Planner					
Data Evaluator/Analyst					
QA/QI Coordinator	<i>See Clinical Services Manager II above</i>				
Public Info. & Education Coordinator	Community Program Specialist II	1.0	\$39.81	40%	
Executive Secretary	Administrative Assistant II	1.0	\$42.45	40%	



**COUNTY OF SAN MATEO**  
**EMERGENCY**  
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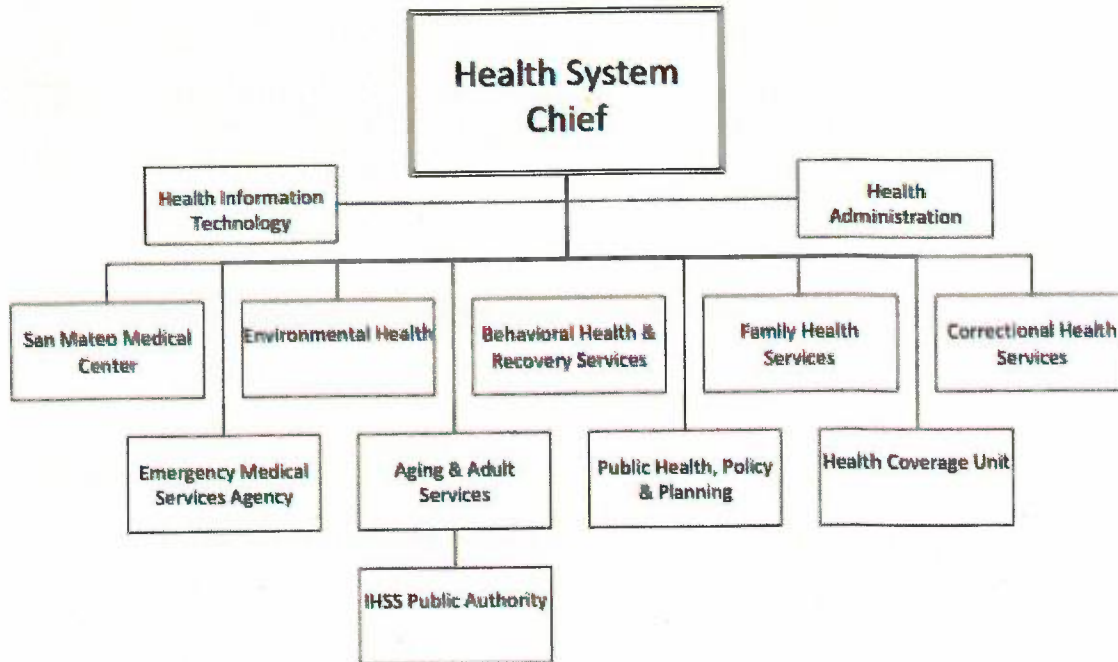
Other Clerical					
Data Entry Clerk					
Other	Health Emergency Communications and Trainer	1.0	\$39.81	40%	
Other	Health Emergency Preparedness Analyst	1.0	\$22.00	40%	
Other	STEP Intern	1.0	\$17.50	40%	
Other	EMS Management Fellow	1.0	\$40.00	40%	
Other	Special Care Coordinator	0.25	\$64.11	0%	

Include an organizational chart of the local EMS agency and a county organization chart(s) indicating how the LEMSA fits within the county/multi-county structure.



COUNTY OF SAN MATEO  
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## San Mateo Health System

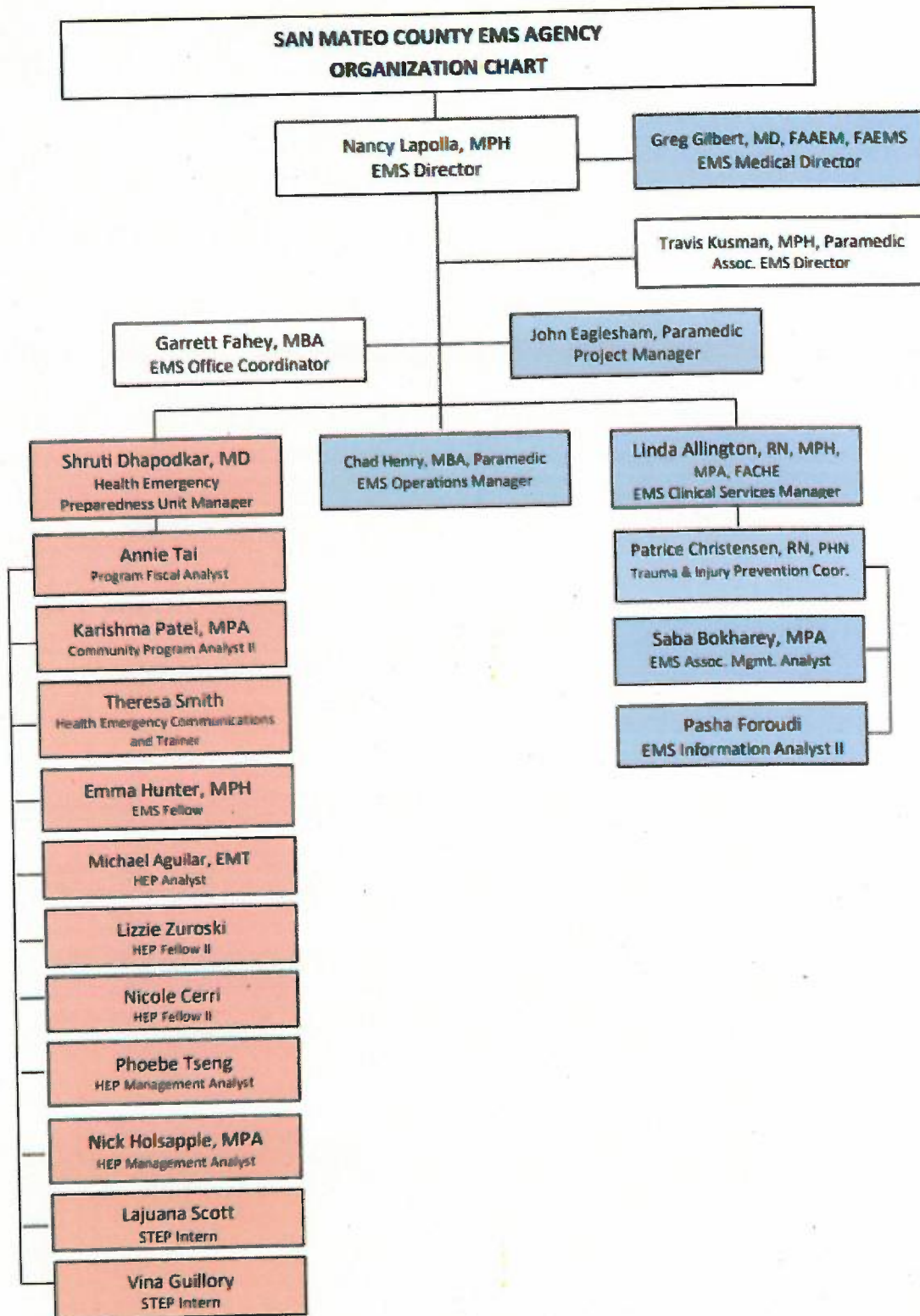


FY 2017-19





COUNTY OF SAN MATEO  
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1/2019



COUNTY OF SAN MATEO  
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**TABLE 3: SYSTEM RESOURCES AND OPERATIONS - Personnel/Training**

EMS System: San Mateo County

Reporting Year: 2018

**NOTE:** Table 3 is to be reported by agency.

	EMT - Is	EMT - IIs	EMT - Ps	MICN
Total Certified	343	N/A		N/A
Number newly certified this year	103	N/A		N/A
Number recertified this year	240	N/A		N/A
Total number of accredited personnel on July 1 of the reporting year			527	N/A
Number of certification reviews resulting in:				
a) formal investigations	3	N/A		N/A
b) probation	3	N/A	N/A	N/A
c) suspensions	0	N/A	N/A	N/A
d) revocations	0	N/A		N/A
e) denials	0	N/A		N/A
f) denials of renewal	0	N/A		N/A
g) no action taken	0	N/A	N/A	N/A

1. Number of EMS dispatch agencies utilizing EMD Guidelines: 1
2. Early defibrillation:
  - a) Number of EMT-I (defib) certified N/A
  - b) Number of public safety (defib) certified (non-EMT-I) N/A
3. Do you have a first responder training program ☐ yes ☒ no



COUNTY OF SAN MATEO  
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**TABLE 4: COMMUNICATIONS**

**Note:** Table 4 is to be answered for each county.

County: San Mateo

Reporting Year: 2018

- |  |  |
|--|--|
| 1. Number of primary Public Service Answering Points (PSAP)  | <u>14</u>  |
| 2. Number of secondary PSAPs   | <u>1</u>   |
| 3. Number of dispatch centers directly dispatching ambulances  | <u>1</u>   |
| 4. Number of EMS dispatch agencies utilizing EMD guidelines  | <u>1</u>   |
| 5. Number of designated dispatch centers for EMS Aircraft  | <u>1</u>   |
| 6. Who is your primary dispatch agency for day-to-day emergencies?   |  |
| <u>San Mateo County Public Safety Communications</u>   |  |
| 7. Who is your primary dispatch agency for a disaster?   |  |
| <u>San Mateo County Public Safety Communications</u>   |  |
| 8. Do you have an operational area disaster communication system?  | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No                    |
| a. Radio primary frequency   | <u>700MHz trunked</u>  |
| b. Other methods   | <u>Microwave (21.8 – 22.4 GHz; 23.0 – 23.6 GHz);</u><br><u>Fire VHF radio channels</u> |
| c. Can all medical response units communicate on the same disaster communications system?                              | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No                    |
| d. Do you participate in the Operational Area Satellite Information System (OASIS)?                                    | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No                    |
| e. Do you have a plan to utilize the Radio Amateur Civil Emergency Services (RACES) as a back-up communication system? | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No                    |
| 1) Within the operational area?  | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No                    |
| 2) Between operation area and the region and/or state?   | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No                    |



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**TABLE 5: RESPONSE/TRANSPORTATION**

Reporting Year: 2018

**Note:** Table 5 is to be reported by agency.

**Early Defibrillation Providers**

1. Number of EMT-Defibrillation providers 0

**SYSTEM STANDARD RESPONSE TIMES (90<sup>TH</sup> PERCENTILE)**

Enter the response times in the appropriate boxes:

	METRO/URBAN	SUBURBAN/ RURAL	WILDERNESS	SYSTEMWIDE
BLS and CPR capable first responder	n/a	n/a	n/a	n/a
Early defibrillation responder	6:59 minutes	11:59 minutes	21:59 minutes	6:59 – 21:59 minutes
Advanced life support responder	6:59 minutes	11:59 minutes	21:59 minutes	6:59 – 21:59 minutes
Transport Ambulance	12:59 minutes	19:59 minutes	29:59 minutes	12:59 – 29:59 minutes





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**TABLE 6: FACILITIES/CRITICAL CARE**

Reporting Year: 2018 (\*data reported is for July 2017-June 2018)

**NOTE:** Table 6 is to be reported by agency.

**Trauma**

Trauma patients:

- |  |   |
|--|---|
| 1. Number of patients meeting trauma triage criteria                                   | <u>1840*</u>  |
| 2. Number of major trauma victims transported directly to a trauma center by ambulance | <u>1840*</u>  |
| 3. Number of major trauma patients transferred to a trauma center                      | <u>87*</u>  |
| 4. Number of patients meeting triage criteria who weren't treated at a trauma center   | <u>N/A – Non-trauma centers do not submit data to LEMSA</u> |

**Emergency Departments**

- |   |                                       |
|---|---------------------------------------|
| Total number of emergency departments         | <u>11 (including 4 out of county)</u> |
| 1. Number of referral emergency services      | <u>0</u>                              |
| 2. Number of standby emergency services       | <u>1</u>                              |
| 3. Number of basic emergency services         | <u>10 (includes 4 out of county)</u>  |
| 4. Number of comprehensive emergency services | <u>0</u>                              |

**Receiving Hospitals**

- |  |          |
|--|----------|
| 1. Number of receiving hospitals with written agreements | <u>7</u> |
| 2. Number of base hospitals with written agreements      | <u>1</u> |



COUNTY OF SAN MATEO  
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**TABLE 7: DISASTER MEDICAL**

Reporting Year: 2018

County: San Mateo

**NOTE:** Table 7 is to be answered for each county.

**SYSTEM RESOURCES**

1. Casualty Collections Points (CCP)
  - a. Where are your CCPs located? CCPs are located adjacent to each hospital. Alternate sites designated as needed.
  - b. How are they staffed? Staffed by hospital and volunteer healthcare personnel.
  - c. Do you have a supply system for supporting them for 72 hours? ☐ Yes ☒ No
2. CISD  
Do you have a CISD provider with 24-hour capability? ☒ Yes ☐ No
3. Medical Response Team
  - a. Do you have any team medical response capability? ☒ Yes ☐ No
  - b. For each team, are they incorporated into your local response plan? ☒ Yes ☐ No
  - c. Are they available for statewide response? ☒ Yes ☐ No
  - d. Are they part of a formal out-of-state response system? ☒ Yes ☐ No
4. Hazardous Materials
  - a. Do you have any HazMat trained medical response teams? ☒ Yes ☐ No
  - b. At what HazMat level are they trained? First Responder, Technician, and Specialist depending on the fire agency.
  - c. Do you have the ability to do decontamination in an emergency room? ☒ Yes ☐ No
  - d. Do you have the ability to do decontamination in the field? ☒ Yes ☐ No

**OPERATIONS**

1. Are you using a Standardized Emergency Management System (SEMS) that incorporates a form of Incident Command System (ICS) structure? ☒ Yes ☐ No
2. What is the maximum number of local jurisdiction EOCs you will need to interact with in a disaster? 20



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3. Have you tested your MCI Plan this year in a:
- a. real event? ☒ Yes ☐ No
- b. exercise? ☒ Yes ☐ No
4. List all counties with which you have a written medical mutual aid agreement:  
All counties that have entered into the California Mutual Aid Region II – Assistance Cooperative Agreement for Emergency Medical and Health Disaster Assistance agreement
5. Do you have formal agreements with hospitals in your operational area to participate in disaster planning and response? ☒ Yes ☐ No
6. Do you have a formal agreement(s) with community clinics in your operational areas to participate in disaster planning and response? ☒ Yes ☐ No
7. Are you part of a multi-county EMS system for disaster response? ☒ Yes ☐ No
8. Are you a separate department or agency? ☐ Yes ☒ No
9. If not, to whom do you report? Health System Chief
8. If your agency is not in the Health Department, do you have a plan to coordinate public health and environmental health issues with the Health Department? N/A



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**Table 8: Resource Directory**

Reporting Year: 2018

**Response/Transportation/Providers**

*Note: Table 8 is to be completed for each provider by county. Make copies as needed.*

County:

San Mateo

Provider:

American Medical Response

Response Zone:

All except City of South  
San Francisco

Address: 1510 Rollins Road

Burlingame, California 94041

Number of Ambulance Vehicles in Fleet:

34

Phone

Number: (650) 235-1333

Average Number of Ambulances on Duty  
At 12:00 p.m. (noon) on Any Given Day:

18

<b>Written Contract:</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<b>Medical Director:</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<b>System Available 24 Hours:</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<b>Level of Service:</b> <input checked="" type="checkbox"/> Transport <input checked="" type="checkbox"/> ALS <input checked="" type="checkbox"/> 9-1-1 <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Non-Transport <input checked="" type="checkbox"/> BLS <input checked="" type="checkbox"/> 7-Digit <input type="checkbox"/> Air <input type="checkbox"/> LALS <input type="checkbox"/> CCT <input type="checkbox"/> Water <input type="checkbox"/> IFT	
<b>Ownership:</b> <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private	<b>If Public:</b> <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain:	<b>If Public:</b> <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> District <input type="checkbox"/> Federal	<b>If Air:</b> <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	<b>Air Classification:</b> <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue

**Transporting Agencies**

41,224 Total number of responses  
29,759 Number of emergency responses  
11,465 Number of non-emergency responses

35,723 Total number of transports  
25,755 Number of emergency transports  
9,968 Number of non-emergency transports

**Air Ambulance Services**

0 Total number of responses  
0 Number of emergency responses  
0 Number of non-emergency responses

0 Total number of transports  
0 Number of emergency transports  
0 Number of non-emergency transports





COUNTY OF SAN MATEO  
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**Table 8: Resource Directory**

Reporting Year: 2018

**Response/Transportation/Providers**

**Note:** Table 8 is to be completed for each provider by county. Make copies as needed.

**County:**

San Mateo

**Provider:** South San Francisco Fire

Department

**Response Zone:** City of South San

Francisco

**Address:**

480 North Canal Street  
South San Francisco, California 94080

**Number of Ambulance Vehicles in Fleet:**

5

**Phone**

**Number:** (650) 829-3950

**Average Number of Ambulances on Duty  
At 12:00 p.m. (noon) on Any Given Day:**

3

<b>Written Contract:</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<b>Medical Director:</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<b>System Available 24 Hours:</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<b>Level of Service:</b> <input checked="" type="checkbox"/> ALS <input checked="" type="checkbox"/> 9-1-1 <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Non-Transport <input checked="" type="checkbox"/> BLS <input type="checkbox"/> 7-Digit <input type="checkbox"/> Air <input type="checkbox"/> LALS <input type="checkbox"/> CCT <input type="checkbox"/> Water <input type="checkbox"/> IFT	
<b>Ownership:</b> <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	<b>If Public:</b> <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain:	<b>If Public:</b> <input checked="" type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> District <input type="checkbox"/> Federal	<b>If Air:</b> <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	<b>Air Classification:</b> <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue

**Transporting Agencies**

4,367 Total number of responses  
3,185 Number of emergency responses  
1,182 Number of non-emergency responses

3,681 Total number of transports  
2,662 Number of emergency transports  
1,019 Number of non-emergency transports

**Air Ambulance Services**

0 Total number of responses  
0 Number of emergency responses  
0 Number of non-emergency responses

0 Total number of transports  
0 Number of emergency transports  
0 Number of non-emergency transports



COUNTY OF SAN MATEO  
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Date: 2018

**EMS PLAN  
AMBULANCE ZONE SUMMARY FORM**

In order to evaluate the nature of each area or subarea, the following information should be compiled for each zone individually. Please include a separate form for each exclusive and/or nonexclusive ambulance zone.

<b>Local EMS Agency or County Name:</b> San Mateo County
<b>Area or Subarea (Zone) Name or Title:</b> San Mateo County, except the City of South San Francisco
<b>Name of Current Provider(s):</b> American Medical Response – West (AMR) <small>Include company name(s) and length of operation (uninterrupted) in specified area or subarea.</small>  AMR has provided service under this name since January 1999. The company was the selected proposer per a Request for Proposal Process conducted in 1997/98, 2007/2008, and again in 2018. This provider had been the contract holder since 1990 under the names of Baystar, Medtrans/Laidlaw and AMR. Therefore, AMR has provided uninterrupted emergency ambulance since January 1990.
<b>Area or Subarea (Zone) Geographic Description:</b> San Mateo County, except the City of South San Francisco
<b>Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6):</b> <small>Include intent of local EMS agency and Board action.</small> Competitive Process – Section 1797.224. Emergency ambulance service – all emergencies. Until 1989 exclusivity language contained in the plan was “advanced life support.” Language in plan was amended to “emergency ambulance service” in 1989 with the approval of the EMS Authority. The Board of Supervisors (BOS) approved both the RFP and the contract in 1998 and granted a five-year contract extension in 2003. Contract included emergency ambulance service and paramedic first response (fire service was a subcontractor to the contractor). Current five-year contract was awarded through an RFP competitive process in 2008 and went into effect in July 2009 and was extended in June 2014 and will expire June 2019. Current contract does not include paramedic first response. There is a separate contract with the San Mateo County Pre-Hospital Emergency Medical Services Group (JPA) for paramedic fire first response services that expires in June 2019. The EMS Agency plans to award a contract for ALS emergency ambulance services to prior to June 30, 2019 and conduct future ambulance RFPs at periodic intervals to ensure the most appropriate level of ambulance service is available to meet the needs of San Mateo County. The EMS Agency plans to execute a new contract with the JPA prior to June 30, 2019.
<b>Type of Exclusivity (“Emergency Ambulance,” “ALS,” or “LALS” [HS 1797.85]):</b> <small>Include type of exclusivity (Emergency Ambulance, ALS, LALS, or combination) and operational definition of exclusivity</small>



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(e.g., 911 calls only, all emergencies, all calls requiring emergency ambulance service, etc.).

Type of Exclusivity = Emergency Ambulance. Levels of Exclusivity = Limited Ambulance Services. Emergency Response: 1) 9-1-1 Emergency Response and 2) 7-Digit Emergency Response. ALS Ambulance.

**Method to achieve exclusivity, if applicable (HS 1797.224):**

If grandfathered, pertinent facts concerning changes in scope and manner of service. Description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service.

If competitively-determined, method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers.

Emergency ALS Ambulance transport services competitive process was approved by and is on file at EMSA. The EMS Agency concluded a Request For Proposal competitive process for ALS emergency ambulance services prior to the expiration date of June 2019, and is currently completing negotiations of the new contract. The new contract will begin on July 1, 2019.





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<b>Local EMS Agency or County Name:</b> San Mateo County
<b>Area or Subarea (Zone) Name or Title:</b> City of South San Francisco
<b>Name of Current Provider(s):</b> City of South San Francisco Fire Department Include company name(s) and length of operation (uninterrupted) in specified area or subarea.
<b>Area or Subarea (Zone) Geographic Description:</b> City of South San Francisco
<b>Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6):</b> Include intent of local EMS agency and Board action. City of South San Francisco qualifies for exclusivity within its jurisdiction.
<b>Type of Exclusivity ("Emergency Ambulance," "ALS," or "LALS" [HS 1797.85]):</b> Include type of exclusivity (Emergency Ambulance, ALS, LALS, or combination) and operational definition of exclusivity (e.g., 911 calls only, all emergencies, all calls requiring emergency ambulance service, etc.). Emergency ambulance. Emergency Response = 911 Emergency Response, 7-Digit Emergency Response. Transport Services = ALS Ambulance Services.
<b>Method to achieve exclusivity, if applicable (HS 1797.224):</b> If <u>grandfathered</u> , pertinent facts concerning changes in scope and manner of service. Description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service.  If <u>competitively-determined</u> , method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers.  Non-Competitive (grandfathering). The EMS Agency believes South San Francisco Fire meets the criteria for "grandfathering" in Section 1797.224, and as such qualifies for exclusivity within its jurisdiction. On March 4, 1975, the San Mateo County Board of Supervisors approved Resolution No. 34702 authorizing an agreement with City of South San Francisco to establish a paramedic response and transport unit in cooperation with the County, and its effort to establish a comprehensive emergency medical system. Since that time South San Francisco Fire Department has provided continuous paramedic transport services within the County for the City of South San Francisco. This has been documented in EMS Plans, internal documents, and various media publications going back to 1974.





**TABLE 9: FACILITIES**

County: San Mateo

**Note:** Complete information for each facility by county. Make copies as needed.

**Facility:** Seton Hospital **Telephone Number:** (650) 992-4000  
**Address:** 1900 Sullivan Avenue  
Daly City, California 94015

<b><u>Written Contract:</u></b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<b><u>Service:</u></b> <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> Referral Emergency  <input checked="" type="checkbox"/> Basic Emergency         </div> <div> <input type="checkbox"/> Standby Emergency  <input type="checkbox"/> Comprehensive Emergency         </div> </div>	<b><u>Base Hospital:</u></b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<b><u>Burn Center:</u></b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<b>Pediatric Critical Care Center<sup>1</sup></b> <b>EDAP<sup>2</sup></b> <b>PICU<sup>3</sup></b>	<div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> Yes   <input checked="" type="checkbox"/> No  <input checked="" type="checkbox"/> Yes   <input type="checkbox"/> No  <input type="checkbox"/> Yes   <input checked="" type="checkbox"/> No         </div> <div> <b><u>Trauma Center:</u></b>  <input type="checkbox"/> Yes   <input checked="" type="checkbox"/> No         </div> </div>	<b><u>If Trauma Center what level:</u></b> <div style="display: flex; justify-content: space-around;"> <div> <input type="checkbox"/> Level I  <input type="checkbox"/> Level III         </div> <div> <input type="checkbox"/> Level II  <input type="checkbox"/> Level IV         </div> </div>	
<b><u>STEMI Center:</u></b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<b><u>Stroke Center:</u></b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

<sup>1</sup> Meets EMSA Pediatric Critical Care Center (PCCC) Standards  
<sup>2</sup> Meets EMSA Emergency Departments Approved for Pediatrics (EDAP) Standards  
<sup>3</sup> Meets California Children Services (CCS) Pediatric Intensive Care Unit (PICU) Standards



**TABLE 9: FACILITIES**

County: San Mateo

**Note:** Complete information for each facility by county. Make copies as needed.

**Facility:** Kaiser Permanente Medical Center - South  
San Francisco

Telephone Number: (650) 742-2200

**Address:** 1200 El Camino Real  
South San Francisco, California 94080

<u>Written Contract:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Service:</u> <input type="checkbox"/> Referral Emergency <input checked="" type="checkbox"/> Basic Emergency <input type="checkbox"/> Standby Emergency <input type="checkbox"/> Comprehensive Emergency	<u>Base Hospital:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Burn Center:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<b>Pediatric Critical Care Center<sup>1</sup></b> <b>EDAP<sup>2</sup></b> <b>PICU<sup>3</sup></b>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>Trauma Center:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>If Trauma Center what level:</u> <input type="checkbox"/> Level I <input type="checkbox"/> Level II <input type="checkbox"/> Level III <input type="checkbox"/> Level IV
<u>STEMI Center:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>Stroke Center:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		

<sup>1</sup> Meets EMSA Pediatric Critical Care Center (PCCC) Standards

<sup>2</sup> Meets EMSA Emergency Departments Approved for Pediatrics (EDAP) Standards

<sup>3</sup> Meets California Children Services (CCS) Pediatric Intensive Care Unit (PICU) Standards



**TABLE 9: FACILITIES**

County: San Mateo

Note: Complete information for each facility by county. Make copies as needed.

Facility: Mills-Peninsula Medical Center Telephone Number: (650) 695-5400  
 Address: 1501 Trousdale Drive  
Burlingame, California 94010

<u>Written Contract:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Service:</u> <input type="checkbox"/> Referral Emergency <input checked="" type="checkbox"/> Basic Emergency <input type="checkbox"/> Standby Emergency <input type="checkbox"/> Comprehensive Emergency	<u>Base Hospital:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Burn Center:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Pediatric Critical Care Center <sup>1</sup> EDAP <sup>2</sup> PICU <sup>3</sup>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>Trauma Center:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>If Trauma Center what level:</u> <input type="checkbox"/> Level I <input type="checkbox"/> Level II <input type="checkbox"/> Level III <input type="checkbox"/> Level IV
<u>STEMI Center:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Stroke Center:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		

<sup>1</sup> Meets EMSA Pediatric Critical Care Center (PCCC) Standards  
<sup>2</sup> Meets EMSA Emergency Departments Approved for Pediatrics (EDAP) Standards  
<sup>3</sup> Meets California Children Services (CCS) Pediatric Intensive Care Unit (PICU) Standards  
 San Mateo County EMS Plan Update – 2018



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**TABLE 9: FACILITIES**

County: San Mateo

Note: Complete information for each facility by county. Make copies as needed.

Facility: San Mateo Medical Center  
Address: 222 West 39<sup>th</sup> Street  
San Mateo, California 94403

Telephone Number: (650) 573-2222

<u>Written Contract:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Service:</u> <input type="checkbox"/> Referral Emergency <input checked="" type="checkbox"/> Basic Emergency <input type="checkbox"/> Standby Emergency <input type="checkbox"/> Comprehensive Emergency	<u>Base Hospital:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Burn Center:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<b>Pediatric Critical Care Center<sup>1</sup></b> <b>EDAP<sup>2</sup></b> <b>PICU<sup>3</sup></b>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>Trauma Center:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>If Trauma Center what level:</u> <input type="checkbox"/> Level I <input type="checkbox"/> Level III <input type="checkbox"/> Level II <input type="checkbox"/> Level IV
<u>STEMI Center:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>Stroke Center:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		

<sup>1</sup> Meets EMSA Pediatric Critical Care Center (PCCC) Standards

<sup>2</sup> Meets EMSA Emergency Departments Approved for Pediatrics (EDAP) Standards

<sup>3</sup> Meets California Children Services (CCS) Pediatric Intensive Care Unit (PICU) Standards





# TABLE 9: FACILITIES

County: San Mateo

Note: Complete information for each facility by county. Make copies as needed.

Facility: Sequoia Hospital Telephone Number: (650) 367-5561  
 Address: 170 Alameda de las Pulgas  
 Redwood City, California 94062

<u>Written Contract:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Service:</u> <input type="checkbox"/> Referral Emergency <input checked="" type="checkbox"/> Basic Emergency <input type="checkbox"/> Standby Emergency <input type="checkbox"/> Comprehensive Emergency	<u>Base Hospital:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Burn Center:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Pediatric Critical Care Center <sup>1</sup> EDAP <sup>2</sup> PICU <sup>3</sup>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>Trauma Center:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>If Trauma Center what level:</u> <input type="checkbox"/> Level I <input type="checkbox"/> Level III <input type="checkbox"/> Level II <input type="checkbox"/> Level IV
<u>STEMI Center:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Stroke Center:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		

<sup>1</sup> Meets EMSA Pediatric Critical Care Center (PCCC) Standards

<sup>2</sup> Meets EMSA Emergency Departments Approved for Pediatrics (EDAP) Standards

<sup>3</sup> Meets California Children Services (CCS) Pediatric Intensive Care Unit (PICU) Standards



COUNTY OF SAN MATEO  
**EMERGENCY  
MEDICAL SERVICES**

**TABLE 9: FACILITIES**

County: San Mateo

**Note:** Complete information for each facility by county. Make copies as needed.

**Facility:** Kaiser Permanente Medical Center - Redwood City Telephone Number: (650) 742-2200

**Address:** 1200 El Camino Real  
South San Francisco, California 94080

<u>Written Contract:</u>	<u>Service:</u>	<u>Base Hospital:</u>	<u>Burn Center:</u>
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Referral Emergency <input checked="" type="checkbox"/> Basic Emergency <input type="checkbox"/> Standby Emergency <input type="checkbox"/> Comprehensive Emergency	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<b>Pediatric Critical Care Center<sup>1</sup> EDAP<sup>2</sup> PICU<sup>3</sup></b>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<b>Trauma Center:</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<b>If Trauma Center what level:</b> <input type="checkbox"/> Level I <input type="checkbox"/> Level III <input type="checkbox"/> Level II <input type="checkbox"/> Level IV
<b><u>STEMI Center:</u></b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<b><u>Stroke Center:</u></b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		

<sup>1</sup> Meets EMSA Pediatric Critical Care Center (PCCC) Standards

<sup>2</sup> Meets EMSA Emergency Departments Approved for Pediatrics (EDAP) Standards

<sup>3</sup> Meets California Children Services (CCS) Pediatric Intensive Care Unit (PICU) Standards



**TABLE 9: FACILITIES**

County: San Mateo

Note: Complete information for each facility by county. Make copies as needed.

Facility: Stanford Hospital\*  
Address: 300 Pasteur Drive  
Stanford, California 94305

Telephone Number: (650) 723-4000

\*Santa Clara County hospital that serves as an authorized receiving facility, Base Hospital, pediatric Base Hospital, PCCC, and trauma center (designated by Santa Clara County LEMSA)

<u>Written Contract:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Service:</u> <input type="checkbox"/> Referral Emergency <input checked="" type="checkbox"/> Basic Emergency	<input type="checkbox"/> Standby Emergency <input type="checkbox"/> Comprehensive Emergency	<u>Base Hospital:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Burn Center:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Pediatric Critical Care Center <sup>1</sup> EDAP <sup>2</sup> PICU <sup>3</sup>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Trauma Center:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>If Trauma Center what level:</u> <input checked="" type="checkbox"/> Level I <input type="checkbox"/> Level III	<input type="checkbox"/> Level II <input type="checkbox"/> Level IV
<u>STEMI Center:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Stroke Center:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			

<sup>1</sup> Meets EMSA Pediatric Critical Care Center (PCCC) Standards

<sup>2</sup> Meets EMSA Emergency Departments Approved for Pediatrics (EDAP) Standards

<sup>3</sup> Meets California Children Services (CCS) Pediatric Intensive Care Unit (PICU) Standards



# TABLE 9: FACILITIES

County: San Mateo

**Note:** Complete information for each facility by county. Make copies as needed.

**Facility:** Seton - Coastside **Telephone Number:** (650) 723-3921  
**Address:** 600 Marine Boulevard  
Moss Beach, California 94038

<u><b>Written Contract:</b></u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u><b>Service:</b></u> <input type="checkbox"/> Referral Emergency <input checked="" type="checkbox"/> Standby Emergency <input type="checkbox"/> Basic Emergency <input type="checkbox"/> Comprehensive Emergency	<u><b>Base Hospital:</b></u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u><b>Burn Center:</b></u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<b>Pediatric Critical Care Center<sup>1</sup></b> <b>EDAP<sup>2</sup></b> <b>PICU<sup>3</sup></b>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u><b>Trauma Center:</b></u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u><b>If Trauma Center what level:</b></u> <input type="checkbox"/> Level I <input type="checkbox"/> Level II <input type="checkbox"/> Level III <input type="checkbox"/> Level IV
<u><b>STEMI Center:</b></u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<u><b>Stroke Center:</b></u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

<sup>1</sup> Meets EMSA Pediatric Critical Care Center (PCCC) Standards  
<sup>2</sup> Meets EMSA Emergency Departments Approved for Pediatrics (EDAP) Standards  
<sup>3</sup> Meets California Children Services (CCS) Pediatric Intensive Care Unit (PICU) Standards





**TABLE 9: FACILITIES**

County: San Mateo

**Note:** Complete information for each facility by county. Make copies as needed.

**Facility:** Palo Alto VA Hospital\*  
**Address:** 3801 Miranda Avenue  
Palo Alto, California 94304

Telephone Number: (650) 493-5000

*\*Santa Clara County facility that serves San Mateo County as a receiving hospital*

<u><b>Written Contract:</b></u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u><b>Service:</b></u> <input type="checkbox"/> Referral Emergency <input checked="" type="checkbox"/> Basic Emergency <input type="checkbox"/> Standby Emergency <input type="checkbox"/> Comprehensive Emergency	<u><b>Base Hospital:</b></u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u><b>Burn Center:</b></u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<b>Pediatric Critical Care Center<sup>1</sup></b> <b>EDAP<sup>2</sup></b> <b>PICU<sup>3</sup></b>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u><b>Trauma Center:</b></u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u><b>If Trauma Center what level:</b></u> <input type="checkbox"/> Level I <input type="checkbox"/> Level III <input type="checkbox"/> Level II <input type="checkbox"/> Level IV
<u><b>STEMI Center:</b></u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u><b>Stroke Center:</b></u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		

<sup>1</sup> Meets EMSA Pediatric Critical Care Center (PCCC) Standards  
<sup>2</sup> Meets EMSA Emergency Departments Approved for Pediatrics (EDAP) Standards  
<sup>3</sup> Meets California Children Services (CCS) Pediatric Intensive Care Unit (PICU) Standards



# TABLE 9: FACILITIES

County: San Mateo

Note: Complete information for each facility by county. Make copies as needed.

Facility: Dominican Hospital\*  
Address: 1555 Soquel Drive  
Santa Cruz, California 95065

Telephone Number: (831) 462-7700

\*Santa Cruz County facility that serves San Mateo County as a receiving hospital

<u>Written Contract:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Service:</u> <input type="checkbox"/> Referral Emergency <input checked="" type="checkbox"/> Basic Emergency <input type="checkbox"/> Standby Emergency <input type="checkbox"/> Comprehensive Emergency	<u>Base Hospital:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Burn Center:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<b>Pediatric Critical Care Center<sup>1</sup></b> <b>EDAP<sup>2</sup></b> <b>PICU<sup>3</sup></b>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<b>Trauma Center:</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<b>If Trauma Center what level:</b> <input type="checkbox"/> Level I <input type="checkbox"/> Level II <input type="checkbox"/> Level III <input type="checkbox"/> Level IV
<b>STEMI Center:</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<b>Stroke Center:</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		

<sup>1</sup> Meets EMSA Pediatric Critical Care Center (PCCC) Standards

<sup>2</sup> Meets EMSA Emergency Departments Approved for Pediatrics (EDAP) Standards

<sup>3</sup> Meets California Children Services (CCS) Pediatric Intensive Care Unit (PICU) Standards



**TABLE 9: FACILITIES**

County: San Mateo

**Note:** Complete information for each facility by county. Make copies as needed.

**Facility:** University of California San Francisco

Medical Center\*

Telephone Number:

(415) 353-1611

**Address:** 1975 4<sup>th</sup> Street

San Francisco, California 94158

\*San Francisco County facility that serves San Mateo County as a designated PCCC only

<u>Written Contract:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>Service:</u> <input type="checkbox"/> Referral Emergency <input checked="" type="checkbox"/> Basic Emergency	<input type="checkbox"/> Standby Emergency <input type="checkbox"/> Comprehensive Emergency	<u>Base Hospital:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>Burn Center:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<b>Pediatric Critical Care Center<sup>1</sup></b> <b>EDAP<sup>2</sup></b> <b>PICU<sup>3</sup></b>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Trauma Center:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>If Trauma Center what level:</u> <input type="checkbox"/> Level I <input type="checkbox"/> Level II <input type="checkbox"/> Level III <input type="checkbox"/> Level IV	

<u>STEMI Center:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>Stroke Center:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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<sup>1</sup> Meets EMSA Pediatric Critical Care Center (PCCC) Standards

<sup>2</sup> Meets EMSA Emergency Departments Approved for Pediatrics (EDAP) Standards

<sup>3</sup> Meets California Children Services (CCS) Pediatric Intensive Care Unit (PICU) Standards





# TABLE 9: FACILITIES

County: San Mateo

Note: Complete information for each facility by county. Make copies as needed.

Facility: California Pacific Medical Center – Davies Campus\*

Telephone Number:

(415) 600-6464

Address: Castro and Duboce Avenue

San Francisco, California 94114

\*San Francisco County facility that serves San Mateo County as a designated PCCC only

<b>Written Contract:</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<b>Service:</b> <input type="checkbox"/> Referral Emergency <input checked="" type="checkbox"/> Basic Emergency <input type="checkbox"/> Standby Emergency <input type="checkbox"/> Comprehensive Emergency	<b>Base Hospital:</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<b>Burn Center:</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<b>Pediatric Critical Care Center<sup>1</sup></b> <b>EDAP<sup>2</sup></b> <b>PICU<sup>3</sup></b>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<b>Trauma Center:</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<b>If Trauma Center what level:</b> <input type="checkbox"/> Level I <input type="checkbox"/> Level II <input type="checkbox"/> Level III <input type="checkbox"/> Level IV
<b>STEMI Center:</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<b>Stroke Center:</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		

<sup>1</sup> Meets EMSA Pediatric Critical Care Center (PCCC) Standards

<sup>2</sup> Meets EMSA Emergency Departments Approved for Pediatrics (EDAP) Standards

<sup>3</sup> Meets California Children Services (CCS) Pediatric Intensive Care Unit (PICU) Standards





# TABLE 9: FACILITIES

County: San Mateo

Note: Complete information for each facility by county. Make copies as needed.

Facility: Zuckerberberg San Francisco General Hospital\*  
Address: 1001 Portrero Avenue  
San Francisco, California 94110

Telephone Number: (628) 206-8000

\*San Francisco County facility that serves San Mateo County as a trauma center designated by San Francisco LEMSA

Written Contract:	Service:	Base Hospital:	Burn Center:
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Referral Emergency <input checked="" type="checkbox"/> Basic Emergency	<input type="checkbox"/> Standby Emergency <input type="checkbox"/> Comprehensive Emergency	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Pediatric Critical Care Center <sup>1</sup> EDAP <sup>2</sup> PICU <sup>3</sup>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Trauma Center: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	If Trauma Center what level: <input checked="" type="checkbox"/> Level I <input type="checkbox"/> Level II <input type="checkbox"/> Level III <input type="checkbox"/> Level IV
STEMI Center: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Stroke Center: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		

<sup>1</sup> Meets EMSA Pediatric Critical Care Center (PCCC) Standards

<sup>2</sup> Meets EMSA Emergency Departments Approved for Pediatrics (EDAP) Standards

<sup>3</sup> Meets California Children Services (CCS) Pediatric Intensive Care Unit (PICU) Standards



**TABLE 9: FACILITIES**

County: San Mateo

**Note:** Complete information for each facility by county. Make copies as needed.

**Facility:** St. Francis Hospital\*

Telephone Number: (415) 353-6300

**Address:** 900 Hyde Street

San Francisco, California 94109

*\*San Francisco County facility that serves San Mateo County as a burn center only*

<u><b>Written Contract:</b></u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u><b>Service:</b></u> <input type="checkbox"/> Referral Emergency <input checked="" type="checkbox"/> Basic Emergency <input type="checkbox"/> Standby Emergency <input type="checkbox"/> Comprehensive Emergency	<u><b>Base Hospital:</b></u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u><b>Burn Center:</b></u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<b>Pediatric Critical Care Center<sup>1</sup></b> <b>EDAP<sup>2</sup></b> <b>PICU<sup>3</sup></b>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u><b>Trauma Center:</b></u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u><b>If Trauma Center what level:</b></u> <input type="checkbox"/> Level I <input type="checkbox"/> Level III <input type="checkbox"/> Level II <input type="checkbox"/> Level IV
<u><b>STEMI Center:</b></u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u><b>Stroke Center:</b></u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		

<sup>1</sup> Meets EMSA Pediatric Critical Care Center (PCCC) Standards

<sup>2</sup> Meets EMSA Emergency Departments Approved for Pediatrics (EDAP) Standards

<sup>3</sup> Meets California Children Services (CCS) Pediatric Intensive Care Unit (PICU) Standards



# TABLE 9: FACILITIES

County: San Mateo

**Note:** Complete information for each facility by county. Make copies as needed.

**Facility:** Santa Clara Valley Medical Center\*

Telephone Number: (408) 885-3228

**Address:** 751 South Bascom Avenue

San Jose, California 95128

\*Santa Clara County facility that serves San Mateo County as a burn center only

<u>Written Contract:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>Service:</u> <input type="checkbox"/> Referral Emergency <input checked="" type="checkbox"/> Basic Emergency	<input type="checkbox"/> Standby Emergency <input type="checkbox"/> Comprehensive Emergency	<u>Base Hospital:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>Burn Center:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<b>Pediatric Critical Care Center<sup>1</sup></b> <b>EDAP<sup>2</sup></b> <b>PICU<sup>3</sup></b>		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>Trauma Center:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>If Trauma Center what level:</u> <input type="checkbox"/> Level I <input type="checkbox"/> Level III <input type="checkbox"/> Level II <input type="checkbox"/> Level IV
<u>STEMI Center:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<u>Stroke Center:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		

<sup>1</sup> Meets EMSA Pediatric Critical Care Center (PCCC) Standards

<sup>2</sup> Meets EMSA Emergency Departments Approved for Pediatrics (EDAP) Standards

<sup>3</sup> Meets California Children Services (CCS) Pediatric Intensive Care Unit (PICU) Standards



**TABLE 10: APPROVED TRAINING PROGRAMS**

County: San Mateo

Reporting Year: 2018

**NOTE:** Table 10 is to be completed by county. Make copies to add pages as needed.

Training Institution:		<u>College of San Mateo</u>		Telephone Number:	<u>(650) 574-6347</u>
Address:		<u>1700 West Hillisdale Boulevard</u>			
		<u>San Mateo, California 94402</u>			
Student Eligibility*:	<u>Open to general public</u>	Cost of Program:	<u>Basic:</u>	**Program Level	<u>EMT-I</u>
			<u>10.5 units + \$150 lab fee</u>	Number of students completing training per year:	
		Refresher:	<u>0.5 units</u>	Initial training	
				Refresher:	
				Continuing Education:	
				Expiration Date:	
				Number of courses:	
				Initial training:	
				Refresher:	
				Continuing Education:	

\*Open to general public or restricted to certain personnel only.  
 \*\* Indicate whether EMT-I, AEEMT, EMT-P, MICN, or EMR; if there is a training program that offers more than one level complete all information for each level.





COUNTY OF SAN MATEO  
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**MEDICAL SERVICES**

Training Institution:		<u>Skyline College</u>		Telephone Number:	<u>(650) 738-4284</u>
Address:		<u>3300 College Drive</u>			
		<u>San Bruno, California 94066</u>			
Student Eligibility*:	<u>Open to general public</u>	Cost of Program:	<u>Basic: \$720</u>	**Program Level	<u>EMT-I</u>
			<u>Refresher: \$50</u>	Number of students completing training per year:	
				Initial training	<u>Not reported</u>
				Refresher:	<u>Not reported</u>
				Continuing Education:	<u>Not reported</u>
				Expiration Date:	<u>3/31/2021</u>
				Number of courses:	<u>3</u>
				Initial training:	<u>1 per year</u>
				Refresher:	<u>Varies</u>
				Continuing Education:	

\*Open to general public or restricted to certain personnel only.

\*\* Indicate whether EMT-I, AEMT, EMT-P, MICN, or EMR; if there is a training program that offers more than one level complete all information for each level.



COUNTY OF SAN MATEO  
**EMERGENCY  
MEDICAL SERVICES**

Training Institution:	South San Francisco Fire Department		Telephone Number:	(650) 877-8664
Address:	480 North Canal Street			
	South San Francisco, California 94080			
Student Eligibility*:	Open to general public	Cost of Program:	**Program Level	EMT-I
		Basic: \$1,650	Number of students completing training per year:	
		Refresher: \$500	Initial training	
			Refresher:	Not reported
			Continuing Education:	Not reported
			Expiration Date:	6/23/2019
			Number of courses:	1-2 year
			Initial training:	10 per year
			Refresher:	Varies
			Continuing Education:	

\*Open to general public or restricted to certain personnel only.  
\*\* Indicate whether EMT-I, AEMT, EMT-P, MICN, or EMR, if there is a training program that offers more than one level complete all information for each level.



COUNTY OF SAN MATEO  
**EMERGENCY  
MEDICAL SERVICES**

**TABLE 11: DISPATCH AGENCY**

County: San Mateo

Reporting Year: 2018

**NOTE:** Make copies to add pages as needed. Complete information for each provider by county.

Name:	San Mateo County Public Safety Communications		Primary Contact:	Lisa Lucett, Fire/EMS Dispatch Manager	
Address:	<u>400 County Center</u> <u>Redwood City, California 94063</u>				
Telephone Number:	<u>(650) 363-4900</u>				
Written Contract:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Medical Director:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Day-to-Day	<input checked="" type="checkbox"/> Disaster
Ownership:	<input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	If Public:	<input checked="" type="checkbox"/> Fire	<input checked="" type="checkbox"/> Law	<input type="checkbox"/> Other
		Explain:	_____		
			Number of Personnel Providing Services:		
			<u>30</u>	EMD Training	<u>0</u>
			<u>0</u>	BLS	<u>0</u>
				EMT-D	<u>0</u>
				LALS	<u>n/a</u>
				ALS	
				Other	
			If Public:	<input type="checkbox"/> City	<input checked="" type="checkbox"/> County
				<input type="checkbox"/> State	<input type="checkbox"/> Fire District
				<input type="checkbox"/> Federal	